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Practitioner's Docket No. MPI00-471P1RM (previously 10147-61U1)
(703) 872-9306

PATENT

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Submitted herewith:

Transmittal Letter
Response to Restriction Requirement

(2 pages – in duplicate)
(4 pages)

Total

Pages 8 (including cover)

TO/SB/97 (08-00)

Approved for use through 10/31/2002. OMB 0851-0031

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Practitioner's Docket No. MPI00-471P1RM (previously 10147-61U1)**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Glucksman, Maria A., et al

Application No.: 09/970,287

Group No.: 1635

Filed: October 03, 2001

Examiner: Karen A. Lacourciere

For: 22437, A NOVEL HUMAN SULFATASE AND USES THEREFOR

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL LETTER

1. Transmitted herewith for this application is/are:
 - a. This Transmittal Letter (2 pages – in duplicate); and
 - b. Response to Restriction Requirement (4 pages).

STATUS

2. Applicant is other than a small entity.

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PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a 1 month extension:

Fee: \$110.00

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
37 C.F.R. SECTION 1.8(a)
- with sufficient postage as first class mail.

37 C.F.R. SECTION 1.10*

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Date: 25 August 2003
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Practitioner's Docket No. MPI00-471P1RM (previously 10147-61U1)

Extension fee due with this request \$110.00

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	
Total 0	Minus 0	= 0	\$18.00 = \$0.00
Indep. 0	Minus 0	= 0	\$84.00 = \$0.00
First Presentation of Multiple Dependent Claims	0		\$280.00 = \$0.00
		Total Addit. Fee	\$0.00

Total additional fee for claims required \$0.00

FEE PAYMENT

5. Charge Account No. 501668 the sum of \$110.00 (which includes the \$110.00 extension fee and the \$0.00 additional fee for claims). A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668. If any additional fee for claims is required, charge Account No. 501668.

7. Correspondence Address
Direct all future correspondence to:

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OR
Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
75 Sidney Street
Cambridge, MA 02139

25 August 2003

MILLENNIUM PHARMACEUTICALS, INC.

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